



Complete Summary

TITLE

Chronic obstructive pulmonary disease (COPD): percentage of patients aged 18 years and older with a diagnosis of COPD who received a pneumococcus immunization.

SOURCE(S)

Physician Consortium for Performance Improvement®. Clinical performance measures: chronic obstructive pulmonary disease (COPD). Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2006. 8 p. [12 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients who received a pneumococcus immunization.

RATIONALE

According to the Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention (CDC), all patients with chronic disease of the pulmonary system should be vaccinated.

PRIMARY CLINICAL COMPONENT

Chronic obstructive pulmonary disease (COPD); pneumococcus immunization

DENOMINATOR DESCRIPTION

All patients aged 18 years and older with the diagnosis of chronic obstructive pulmonary disease (COPD) (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

All patients who are administered a pneumococcus immunization during a visit or who have already received a pneumococcus immunization

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Dewan NA, Rafique S, Kanwar B, Satpathy H, Ryschon K, Tillotson GS, Niederman MS. Acute exacerbation of COPD: factors associated with poor treatment outcome. Chest 2000 Mar;117(3):662-71. [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Community Health Care

Managed Care Plans
Physician Group Practices/Clinics
Rural Health Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

An estimated 12.1 million adults ages 25 and older are reported to have the diagnosis of chronic obstructive pulmonary disease (COPD).

More than 50% of individuals with COPD did not receive a pneumococcus immunization.

EVIDENCE FOR INCIDENCE/PREVALENCE

Dewan NA, Rafique S, Kanwar B, Satpathy H, Ryschon K, Tillotson GS, Niederman MS. Acute exacerbation of COPD: factors associated with poor treatment outcome. Chest 2000 Mar;117(3):662-71. [PubMed](#)

National Heart, Lung, and Blood Institute. Chronic obstructive pulmonary disease data fact sheet. Bethesda (MD): US Department of Health and Human Services, NIH, NHLBI; 2003 Mar. 6 p.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Chronic obstructive pulmonary disease (COPD) is a slowly progressive disease impacting the nation's health. In the United States, COPD is the 4th leading cause of death.

EVIDENCE FOR BURDEN OF ILLNESS

National Heart, Lung, and Blood Institute. Morbidity and mortality: 2002 chartbook on cardiovascular, lung, and blood diseases. Bethesda (MD): US Department of Health and Human Services, NIH, NHLBI; 2002 May.

UTILIZATION

Annually, 1.5 million emergency department visits are made for chronic obstructive pulmonary disease (COPD) and approximately 725,000 hospitalizations occur.

EVIDENCE FOR UTILIZATION

National Heart, Lung, and Blood Institute. Chronic obstructive pulmonary disease data fact sheet. Bethesda (MD): US Department of Health and Human Services, NIH, NHLBI; 2003 Mar. 6 p.

COSTS

The total direct and indirect cost of chronic obstructive pulmonary disease (COPD) in 2002 are estimated to be \$32.1 billion.

EVIDENCE FOR COSTS

National Heart, Lung, and Blood Institute. Chronic obstructive pulmonary disease data fact sheet. Bethesda (MD): US Department of Health and Human Services, NIH, NHLBI; 2003 Mar. 6 p.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older with the diagnosis of chronic obstructive pulmonary disease (COPD)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 18 years and older with the diagnosis of chronic obstructive pulmonary disease (COPD)

Exclusions

Pneumococcus immunization recommended but not administered; documentation of medical reason(s) for not administering the pneumococcus immunization; documentation of patient reason(s) for not administering the pneumococcus immunization; documentation of system reason(s) for not administering the pneumococcus immunization

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR TIME WINDOW

Time window follows index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients who are administered a pneumococcus immunization during a visit or who have already received a pneumococcus immunization

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Pneumococcus immunization administered.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Chronic Obstructive Pulmonary Disease Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement®

DEVELOPER

Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2006 Mar

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Physician Consortium for Performance Improvement®. Clinical performance measures: chronic obstructive pulmonary disease (COPD). Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2006. 8 p. [12 references]

MEASURE AVAILABILITY

The individual measure, "Pneumococcus immunization administered," is published in the "Clinical Performance Measures: Chronic Obstructive Pulmonary Disease (COPD)." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI on August 28, 2006. The information was verified by the measure developer on July 6, 2007.

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